

AO 435 (Rev. 10/23)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER					
Please Read Instructions:					
1. NAME Lance Vincent		2. PHONE NUMBER (903) 535-2900		3. DATE 11/1/2024	
4. DELIVERY ADDRESS OR EMAIL 2 American Center, 821 ESE Loop 323, Suite 530		5. CITY Tyler		6. STATE TX	7. ZIP CODE 75701
8. CASE NUMBER 4:19-cv-00406		9. JUDGE Amos L Mazzant		DATES OF PROCEEDINGS	
12. CASE NAME Terry Bevill v. City of Quitman, Texas et al.		10. FROM		11. TO	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL		13. CITY Sherman		LOCATION OF PROCEEDINGS	
		14. STATE TX			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input checked="" type="checkbox"/> JURY INSTRUCTIONS charg conf.		9/17/2024		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				JMOL - at close of Evidence	
<input type="checkbox"/> BAIL HEARING				9/17/2024	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	XX <input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 		PROCESSED BY			
19. DATE 11/1/2024		PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY		COURT ADDRESS			
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY